

EXHIBIT C

FORM B10 (Official Form 10) (10/05)

| United States Bankruptcy Court | | District of Nevada | PROOF OF CLAIM RECEIVED AND FILED |
|---|---|---|--------------------------------------|
| Name of Debtor USA Commercial Mortgage Company fka USA Capital | | Case Number BK-S-06-10725 | 2006 AUG 15 P 3:08 |
| NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U S C § 503 | | | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) Michael Raichbart | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars | | |
| Name and address where notices should be sent Joshua D Brysk Law Offices of James G Schwartz 7901 Stoneridge Drive, Suite 401 Pleasanton, CA 94583 Telephone number (925) 463-1073 | <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court | | |
| Last four digits of account or other number by which creditor identifies debtor | Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____ | | |
| 1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ | | | |
| <input type="checkbox"/> Retiree benefits as defined in 11 U S C § 1114(a) <input type="checkbox"/> Wages salaries and compensation (Fill out below) Last four digits of your SS# _____ Unpaid compensation for services performed from _____ (date) to _____ (date) | | | |
| 2 Date debt was incurred 02/09/06 | 3 If court judgment, date obtained | | |
| 4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations | | | |
| Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority | | | |
| Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ 150,000.00 Amount of arrearage and other charges at time case filed included in secured claim if any \$ 150,000.00 | | | |
| Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages salaries or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U S C § 507(a)(5) | | | |
| 5 Total Amount of Claim at Time Case Filed \$ _____ (unsecured) 150,000.00 <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim | | (secured) 150,000.00 (priority) 150,000.00 (Total) Attach itemized statement of all interest or additional charges | |
| 6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim | | This Space Is for Court Use Only | |
| 7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts, court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary | | | |
| 8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim | | | |
| Date 8/11/06 | Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  Joshua D. Brysk, Esq. | | |
| Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years or both 1 | | | |
| | | USA CMC  1072500138 | |

PROOF OF CLAIM

Name of Debtor *USA COMMERCIAL Mortgage Co
difference to: Maquarie ANNEX*

Case Number:
06-10725 (LBR)

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503.

Name of Creditor and Address

[REDACTED] 11321241003096
BLAIR E ROACH & BARBARA K ROACH
PO BOX 1238
ZEPHYR COVE NV 89448-1238

Creditor Telephone Number *(702) 588-4726*

Last four digits of account or other number by which creditor identifies debtor:

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
THIS SPACE IS FOR COURT USE ONLY

1 BASIS FOR CLAIM

- Goods sold Personal injury/wrongful death
 Services performed Taxes
 Money loaned Other (describe briefly)

Retiree benefits as defined in 11 U S C § 1114(a)

Wages, salaries and compensation (fill out below)

Last four digits of your SS #: _____

Unremitted principal

Other claims against servicer (not for loan balances)

false representation within 90 days of Bankruptcy filing

to _____
(date) (date)

2 DATE DEBT WAS INCURRED**3 IF COURT JUDGMENT, DATE OBTAINED**

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations

UNSECURED NONPRIORITY CLAIM \$ _____

- Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

SECURED CLAIM

- Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate Motor Vehicle Other _____

Value of Collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ *100,000.00*

UNSECURED PRIORITY CLAIM

- Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ _____

Specify the priority of the claim

- Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)
 Wages, salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)
 Contributions to an employee benefit plan - 11 U S C § 507(a)(5)

Up to \$2 225* of deposits toward purchase, lease or rental of property or services for personal family or household use - 11 U S C § 507(a)(7)

Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)

Other - Specify applicable paragraph of 11 U S C § 507(a) (____)

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$ _____

AT TIME CASE FILED

(unsecured)

\$ *100,000.00* \$ *100,000.00* \$ *100,000.00*

(secured)

(priority)

(Total)

- Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO
BMC Group

Attn USACM Claims Docketing Center
P O Box 911
El Segundo CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO
BMC Group

Attn USACM Claims Docketing Center
1330 East Franklin Avenue
El Segundo CA 90245

THIS SPACE FOR COURT USE ONLY

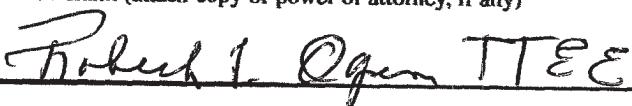
FILED JAN 12 2007

USA CMC



1072502294

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

| UNITED STATES BANKRUPTCY COURT | | DISTRICT OF Nevada | PROOF OF CLAIM |
|---|---|---|---|
| Name of Debtor | USA Commercial Mortgage Company | Case Number | 06-10725-LBR |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. | | | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) Robert L Ogren, Trustee for the benefit of the Robert L Ogren Trust dated 6/30/92 | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. | | |
| Name and address where notices should be sent Robert L Ogren 3768 Rick Stratton Drive Las Vegas, NV 89120 | | | |
| Telephone number (702)369-6554 | | | |
| Last four digits of account or other number by which creditor identifies debtor 127 | <input checked="" type="checkbox"/> replaces AMESBURY/HATTERS POINT LOAN <input type="checkbox"/> amends a previously filed claim dated 11/26/06 | | |
| 1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes See Exhibit A <input type="checkbox"/> Other | | | |
| <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date) | | | |
| 2. Date debt was incurred 11/18/02 | 3. If court judgment, date obtained | | |
| 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. Unsecured Nonpriority Claim \$ 913,741.57 | | | |
| <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority | | | |
| Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ | | | |
| Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) | | | |
| <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____) | | | |
| <i>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</i> | | | |
| 5. Total Amount of Claim at Time Case Filed \$ 913,741.57 913,741.57 913,741.57 <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | | |
| 6. Credits. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim | | | |
| 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary | | | |
| 8. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim | | | |
| Date 01/08/2007 | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  | | |
| | | | THIS SPACE IS FOR COURT USE ONLY FILED JAN 10 2007 |
| | | USA CMC | |
| | |  1072502000 | |

FORM B10 (Official Form 10) (10/05)

| | | | |
|--|---|--|----------------|
| UNITED STATES BANKRUPTCY COURT | | DISTRICT OF NEVADA | PROOF OF CLAIM |
| Name of Debtor USA COMMERCIAL MORTGAGE CO. | Case Number 06-10725 | | |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 | | | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) <i>CRC 531F, B RONNIE</i> | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. | | |
| Name and address where notices should be sent ROBERT C. LEPOME 10120 S. EASTERN # 200 HENDERSON, NV 89052 Telephone number (702) 492-1271 | THIS SPACE IS FOR COURT USE ONLY | | |
| Last four digits of account or other number by which creditor identifies debtor 6049 | Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____ | | |
| <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other NEGLIGENCE & FRAUD | | | |
| GENERAL UNSECURED <i>Claim - Case 531F</i> | | | |
| 2. Date debt was incurred JAN 1, 2005 TO APRIL 12, 2006 | | 3. If court judgment, date obtained: | |
| 4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. Unsecured Nonpriority Claim \$ 37,500 | | | |
| <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority | | | |
| Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority 3 | | Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral, including a right of setoff | |
| Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (B)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000), ^a earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(1) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) | | Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed, included in secured claim, if any \$ _____ | |
| 5. Total Amount of Claim at Time Case Filed. \$ 37,500 <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Interest or additional charges | | 37,500 (unsecured) (secured) (priority) 3 <small>1 Day</small> Attach itemized statement | |
| 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. | | THIS SPACE IS FOR COURT USE ONLY | |
| 7. Supporting Documents. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary | | | |
| 8. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. | | | |
| Date 1-11-07 | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <i>Ronnie C. Lepome</i> BAE #1980 RECEIVED - COMMERCIAL MORTGAGE CO., INC. | | |

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C.

USA CMC



1072501931

FILED JAN 11 2007

PROOF OF CLAIM

Name of Debtor

USA COMMERCIAL MORTGAGE CO

Case Number

06-10725 LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

11321241042182
S & P DAVIS LIMITED PARTNERSHIP
A TEXAS PARTNERSHIP
PO BOX 5718
ENCINITAS CA 92023

6816 CITRINE DR
CARLSBAD, CA 92009

Creditor Telephone Number (877) 312-8352 (cell)

Last four digits of account or other number by which creditor identifies debtor

6124

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
THIS SPACE IS FOR COURT USE ONLY

1 BASIS FOR CLAIM

- Goods sold Personal injury/wrongful death
 Services performed Taxes
 Money loaned Other (describe briefly)
NEGLIGENCE & FRAUD

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Unremitted principal

Wages, salaries, and compensation (fill out below)

Other claims against servicer (not for loan balances)

Last four digits of your SS # _____

Unpaid compensation for services performed from _____ to _____

(date) _____

(date) _____

2 DATE DEBT WAS INCURRED 1-1-05 to 4-13-06

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed
See reverse side for important explanationsUNSECURED NONPRIORITY CLAIM \$ 419,981

- Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

SECURED CLAIM

- Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate Motor Vehicle Other _____

Value of Collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____

Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____)

*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$ 419,981 \$ _____ \$ _____ \$ 419,981 (Total)

(unsecured)

(secured)

(priority)

(Total)

- Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

THIS SPACE FOR COURT USE ONLY

BY MAIL TO

BMC Group

Attn: USACM Claims Docketing Center
P.O. Box 911
El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO

BMC Group

Attn: USACM Claims Docketing Center
1330 East Franklin Avenue
El Segundo, CA 90245

FILED DEC 04 2006

DATE

Dec 4 '06

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Rose C. LePome, Esq. 342-41986

USA CMC



1072501419

FORM B10 (Official Form 10) (10/05)

| United States Bankruptcy Court - District of Nevada | | PROOF OF CLAIM | | |
|--|--|--|------------------|---------------|
| Name of Debtor USA Commercial Mortgage Company | Case Number 06-10725-LBR | <p>NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p> <p>Name of Creditor (The person or other entity to whom the debtor owes money or property) Mike Wagnon</p> <p>Name and address where notices should be sent Mike Wagnon c/o Laurel E Davis Lionel Sawyer & Collins 300 South Fourth Street, Suite 1700 Las Vegas, NV 89101</p> <p>Telephone number 702-383-8888</p> <p>Last 4 digits of account or other number by which creditor identifies debtor</p> <p>Check here if this claim <input type="checkbox"/> replaces _____ <input type="checkbox"/> amends a previously filed claim dated _____</p> <p>This Space is for Court Use Only</p> | | |
| 1 Basis for Claim | <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>See Attachment</u> | | | |
| 2 Date debt was incurred | 3 If court judgment, date obtained | | | |
| 4 Classification of Claim Check the appropriate box or boxes that describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date) | | | |
| Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority | Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges <u>at time</u> <u>case filed</u> included in the secured claim if any \$ _____ | | | |
| Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) _____ | | | |
| <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small> | | | | |
| 5 Total Amount of Claim at Time Case Filed \$ _____ | (unsecured) _____ | (secured) _____ | (priority) _____ | (Total) _____ |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges | | <p>This Space is for Court Use Only</p> <p>6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim</p> <p>7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.</p> <p>8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim</p> | | |
| Date January 12, 2007 | Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). /s/ Laurel E Davis, Counsel for Claimant Laurel E Davis, Counsel for Claimant | | | |
| <small>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.</small> | | | | |

FILED JAN 12 2007

USA CMC



1072502015